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West Des Moines, IA 50266-2337

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October 11, 2013

Received & Inspected

OCT 24 2013

FCC Mail Room

Office of the Secretary
Federal Communications Commission
9300 East Hampton Drive
Capitol Heights, MD 20743

RE: *In the Matter of Connect America Fund, A National Broadband Plan for Our Future, Establishing Just and Reasonable Rates for Local Exchange Carriers, High-Cost Universal Service Support, Developing a Unified Intercarrier Compensation Regime, Federal-State Joint Board on Universal Service, Lifeline and Link-Up, Universal Service Reform – Mobility Fund, WC Docket No. 10-90, GN Docket No. 09-51, WC Docket No. 07-135, WC Docket No. 05-337, CC Docket No. 01-92, CC Docket No. 96-45, WC Docket No. 03-109, WT Docket No. 10-208, Order, 27 FCC Rcd 605 (2012).*

With this letter we file **Independent Networks, LLC (SAC 359006)** FCC Form 481, which is due to the Commission on or before October 15, 2013.

This filing has already been submitted with USAC and an electronic filing has been made with the relevant state regulatory agency.

Please call me at 515-223-0159 if you have any questions concerning this filing.

KIESLING ASSOCIATES LLP

Robert I. Umsted, CPA
Regulatory Consultant/Senior Manager

Enclosures

cc: Tim Johnson, Independent Networks, LLC

No. of Copies rec'd _____
List ABCDE

0

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0084/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	359006
<015> Study Area Name	INDEPENDENT NETWORKS, LC
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Tim Johnson
<035> Contact Telephone Number: Number of the person identified in data line <030>	712-866-1456
<039> Contact Email Address: Email of the person identified in data line <030>	tjohnson@ringtelco.com

Received & Inspected
 OCT 24 2013

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<i>(check box when complete)</i>			
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>		
<420> Mobile	<input type="text" value="0.0"/>		
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text"/>		
<450> Mobile	<input type="text"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="3590061a510"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value="3590061a610"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="text"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359006
<015>	Study Area Name	INDEPENDENT NETWORKS, LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Johnson
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-866-1456
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjohnson@ringtelco.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<010>	Study Area Code	359006
<015>	Study Area Name	INDEPENDENT NETWORKS, LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Johnson
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tjohnson@ringtelco.com

-- See attached worksheet --

<010>	Study Area Code	359006
<015>	Study Area Name	INDEPENDENT NETWORKS, LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Johnson
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-866-1456
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjohnson@ringtelco.com

[illegible]

<010>	Study Area Code	359006
<015>	Study Area Name	INDEPENDENT NETWORKS, LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Johnson
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-866-1456
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjohnson@ringtelco.com

10/08/2013

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359006
<015>	Study Area Name	INDEPENDENT NETWORKS, LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Johnson
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tjohnson@ringtelco.com

<810>	Reporting Carrier	Independent Networks, LC
<811>	Holding Company	Ringsted Communications Company
<812>	Operating Company	

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359006
<015>	Study Area Name	INDEPENDENT NETWORKS, LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Johnson
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-866-1456
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjohnson@ringtelco.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | | Select
(Yes,No,
NA) |
|--|---------------------------|
| <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; | |
| <922> Feasibility and sustainability planning; | |
| <923> Marketing services in a culturally sensitive manner; | |
| <924> Compliance with Rights of way processes | |
| <925> Compliance with Land Use permitting requirements | |
| <926> Compliance with Facilities Siting rules | |
| <927> Compliance with Environmental Review processes | |
| <928> Compliance with Cultural Preservation review processes | |
| <929> Compliance with Tribal Business and Licensing requirements. | |

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359006
<015>	Study Area Name	INDEPENDENT NETWORKS, LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Johnson
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-866-1456
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjohnson@ringtelco.com

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	359006
<015>	Study Area Name	INDEPENDENT NETWORKS, LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Johnson
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-866-1456
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjohnson@ringtelco.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

359006ia1210

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.



(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359006
<015>	Study Area Name	INDEPENDENT NETWORKS, LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Johnson
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-866-1456
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjohnson@ringtelco.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
 <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

☐
Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
 <2021> Interim Progress Community Anchor Institutions

☐
☐
☐
☐

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	359006
<015>	Study Area Name	INDEPENDENT NETWORKS, LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Johnson
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-866-1456
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjohnson@ringtelco.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

- | | | |
|--|---|--|
| <p>(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i))
Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p> | <p>Name of Attached Document Listing Required Information</p> | <input type="checkbox"/> |
| <p>(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))
(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p> | <p>Name of Attached Document Listing Required Information</p> | <input type="checkbox"/> (Yes/No)
<input type="checkbox"/> (Yes/No) |
| <p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p> | | <input type="checkbox"/> |
| <p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | | <input type="checkbox"/> |
| <p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p> | <p>Name of Attached Document Listing Required Information</p> | <input type="checkbox"/> (Yes/No) |
| <p>(3018) If the response is no on line 3014, Is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :</p> | | <input type="checkbox"/> |
| <p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p> | | <input type="checkbox"/> |
| <p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | | <input type="checkbox"/> |
| <p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.</p> | | <input type="checkbox"/> |
| <p>If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p> | | <input type="checkbox"/> |
| <p>(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p> | | <input type="checkbox"/> |
| <p>(3023) Underlying information subjected to a review by an independent certified public accountant</p> | | <input type="checkbox"/> |
| <p>(3024) Underlying information subjected to an officer certification.</p> | | <input type="checkbox"/> |
| <p>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | | <input type="checkbox"/> |
| <p>(3026) Attach the worksheet listing required information</p> | <p>Name of Attached Document Listing Required Information</p> | <input type="checkbox"/> |

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0588/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	359006
<015> Study Area Name	INDEPENDENT NETWORKS, LC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tim Johnson
<035> Contact Telephone Number - Number of person identified in data line <030>	712-866-1456
<039> Contact Email Address - Email Address of person identified in data line <030>	tjohnson@ringtelco.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0386/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	359006
<015> Study Area Name	INDEPENDENT NETWORKS, LC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tim Johnson
<035> Contact Telephone Number - Number of person identified in data line <030>	712-866-1456
<039> Contact Email Address - Email Address of person identified in data line <030>	tjohnson@ringtelco.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Tim Johnson</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Tim Johnson
Name of Reporting Carrier:	INDEPENDENT NETWORKS, LC
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/08/2013
Printed name of Authorized Officer:	Tim Johnson
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	7128668000
Study Area Code of Reporting Carrier:	359006 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	INDEPENDENT NETWORKS, LC
Name of Authorized Agent or Employee of Agent:	Kiesling Associates LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/08/2013
Printed name of Authorized Agent or Employee of Agent:	Kiesling Associates LLP
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	515-223-0159
Study Area Code of Reporting Carrier:	359006 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359006
<015>	Study Area Name	INDEPENDENT NETWORKS, LC
<020>	Program Year	2014
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tjohnson@ringtelco.com
<810>	Reporting Carrier	Independent Networks, LC
<811>	Holding Company	Ringsted Communications Company
<812>	Operating Company	

[illegible]

FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Independent Networks, LLC certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. Independent Networks, LLC certifies that it has complied with these requirements and will continue to comply with these requirements.

Lifeline Telephone Assistance Program

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of \$9.25 on the local telephone bill.

The Lifeline program has recently been streamlined by the Federal Communications Commission. Lifeline benefits are now limited to one wire line or wireless phone per qualified household. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s).

Households eligible for or already receiving Medicaid, the Supplemental Nutrition Assistance Program, Supplemental Security Income Program, Federal Public Housing Assistance Program, Low-Income Home Energy Assistance Program, Temporary Assistance to Needy Families Program, or the National School Lunch Program may qualify. Consumers may also qualify based on their level of income. For more information, please see the 2013 Lifeline Week news release.

A Lifeline application form is available from your local telephone service provider, the Iowa Utilities Board, or most Community Action Agencies in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Additionally, residents of Tribal lands who are eligible for Lifeline, should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up telephone-installation benefits.

Information about the number of customers receiving Lifeline assistance is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board (IUB) toll free at 1-877-565-4450, or visit www.fcc.gov/lifeline or www.usac.org

Number of local minutes provided: Unlimited local calling

Additional charges for toll calls: Toll calls are billed at carriers' standard rates